L'Arche

L'Arche Bognor Regis Jericho

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 4 January 2018 and was announced. The provider was given 48 hours' notice because we wanted to be sure that people would be in to speak with us.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. L'Arche Bognor Regis Jericho provides support and accommodation for a maximum of six adults with a variety of learning disabilities. These include Down's syndrome and autism . At the time of this inspection there were six people living at the service, all of whom were able to communicate verbally and independently. People's levels of support varied; with some people requiring support with personal care whilst others needed emotional support and were independent in other aspects of their lives.

L'Arche Bognor Regis Jericho is part of an ecumenical Christian community which welcomes people of all faiths and those who have none. The community has a cycle of events throughout the year that provide a focus for spiritual development. These include an annual pilgrimage, monthly community gatherings, days of reflection and occasional retreats and gatherings. People who live and receive a service at L'Arche Bognor Regis Jericho are known as 'core members' and staff as 'assistants'. Most assistants live in the service alongside the core members.

At the last inspection on 27 April 2015, the service was rated Good. At this inspection we found the service remained Good.

People and relatives told us they felt the service was safe. People remained protected from the risk of abuse because staff understood how to identify and report it. One person said "I feel safe and if I didn't I would speak to someone".

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

Staff considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People felt there was enough staff to meet their needs and felt staff were skilled to meet the needs of people and provide effective care. A relative told us "The staff always do very well at meeting the needs of everyone at L'Arche".

Staff were given training updates, supervision and development opportunities. Staff spoke positively about training and supervisions they received from management and commented on how they found they could ask questions freely. One member of staff told us "We have a good knowledgeable manager who is very caring and committed".

People's nutritional needs were met and people reported that they had a good choice of food and drink. Weekly menus were discussed at a house meeting each Sunday. One person told us they liked to help in the kitchen and with evening meals and said "I help do dinner and helped with breakfast this morning".

People's individual needs continued to be assessed and detailed care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

Quality assurance audits completed by the registered manager and provider were embedded to ensure a good level of quality was maintained. We saw audit activity for areas such as infection control, care planning and training.

People and relatives all told us that they were happy with the service provided and the way it was managed. One person pointed at the registered manager and told us "I can go to her if I need to ask anything, she helps me". A relative said "The manager is very efficient" .

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service is now Good.	**Good**
Is the service well-led? The service is now Good. Improvements had been made in quality assurance systems and the provider had taken action to improve records and confidentiality.	**Good**

L'Arche Bognor Regis Jericho

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 January 2018 and was unannounced. The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection was an expert in care for people with learning disabilities.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal areas. We were also invited in to people's individual rooms. We spoke to three people, three relatives, two assistants, deputy manager, the registered manager and the care and support co-ordinator. We spent time observing how people were cared for and their interactions with staff, in order to understand their experience.

We reviewed 3 staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menus and activity plans. We looked at 3 people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us "I am safe and happy here". Another person said "I feel safe and if I didn't I would speak to someone". A relative said they felt the service was safe and encouraged to raise concerns and told us, "if there was anything I was unhappy about I would raise my concerns and get it changed".

People remained protected from the risk of abuse because staff understood how to identify and report it. The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. This included clear systems on protecting people from abuse. Staff told us they were aware of the policies and procedures and knew where they could read the safeguarding procedures. We talked with staff about how they would raise concerns of any risks to people and poor practice in the service. They told us they received regular training in keeping people safe from abuse and this was confirmed in the staff training records. One member of staff told us "I would look out for a change in character, they could become withdrawn and just not be themselves. Any concerns I would raise with my manager". Staff were also knowledgeable of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

People felt there was enough staff to meet their needs. One person told us "If I need someone, yes there is always someone here". Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff and if required regular bank staff employed by the provider. We saw there was enough skilled and experienced staff to ensure people were safe and cared for.

People were protected by the prevention of infection control. Staff had good knowledge in this area and attended regular training in this area. PPE (personal protective equipment) was used when required including aprons and gloves. The provider had detailed policies and procedures in infection control and staff received copies of these in their staff handbooks on induction. The environment remained clean, tidy and free from malodours. Personal Emergency Evacuation Plans (PEEPs) were in place for people. PEEPs provide information to staff on what action should be taken with people should the service be required to be evacuated in the event of an emergency.

Staff continued to take appropriate action following any accident and incident concerns. These were investigated and recorded and then reviewed and audited by the registered manager to identify trends or themes. The monthly analysis was shared with the provider and discussed within the senior management meetings that took place to ensure that all appropriate action was taken to prevent future occurrence if possible.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with vulnerable people. The provider had obtained proof of

identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

Each person had an individual care and support plan which included a system to identify risks and help to protect people from harm. Risk assessments were in place for areas such as personal care, behaviours that may challenge others, nutritional needs and health. Where risks were identified, risk management plans were put in place for staff to follow, these provided information on how to keep people safe. For example for people who had behaviours which could challenge others, a detailed risk management plan gave details of warning signs and what staff would need to do to reassure the person and calm the situation down.

People continued to receive their medicines safely. One person told us "They [pointing at a member of staff] help me every day with my cream and tablets". A relative explained to us when their relative comes to stay at their house, staff provide a medicines bag and there was always a pair of blue gloves in the bag. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff administering medicines sensitively and appropriately after breakfast. We saw that they administered medicines to people in a private room and in a respectful way, ensuring the person was comfortable and had a glass of water to take their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Good

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet their needs and continued to provide effective care. One person told us "I think the staff are nice and help me". We asked the person if the staff were skilled in their role, then went on to tell us "I think they are good when they help me and know what I like". A relative told us "The staff always do very well at meeting the needs of everyone at L'Arche".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was still working within the principles of the MCA. People still experienced the ability to make decisions and where necessary decisions were made in people's best interests to protect their rights. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions. Staff had good knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). L'Arche Bognor Regis Jericho was meeting the requirements of the DoLS. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the registered manager understood when an application should be made and the process of submitting these.

People received care responsive to their needs. Initial assessments were undertaken prior to a person moving into the service then a care plan was produced around the needs of the person. The records were accessible, clear and gave descriptions of people's needs and the support staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and well-being. The registered manager confirmed that staff liaised with health professionals such as GP's, dieticians and speech and language therapists to support people to maintain good health. One person told us "My knee hurt and they took me to the doctors to make it better". A relative said "Staff are prompt to call the doctors and will inform us afterwards of any issues". We found records of care delivered were in line with people's assessed needs.

People were supported to have sufficient to eat and drink and to maintain a healthy and balanced diet. The service had a communal kitchen for everyone to use. People were encouraged and supported to cook meals. On the inspection we observed people enjoying their breakfast with the support of staff. One person told us they liked to help in the kitchen with evening meals and said "I help do dinner and helped with breakfast this morning". It was evident the staff catered for people with different dietary needs. Each person

had nutritional details in their care plans. The registered manager confirmed that staff liaised with health professionals such as GP's, dieticians and speech and language therapists to support people to maintain good health. Staff told us how people would help with shopping and menu choices. One member of staff told us "We have a house meeting every Sunday and discuss what people would like for their meals the next week and will encourage healthy eating". The member of staff then showed us a folder of pictures of a variety of meals and told us it was used to help people understand what meals everyone would be talking about.

Staff remained trained in areas that included first aid, fire safety, food hygiene, infection control, medication and moving and handling. A detailed induction for new staff was in place that included working towards the care certificate and courses that were relevant to the needs of people who lived at the service. These included autism, resolving conflict, spirituality and equality and inclusion. Staff were provided with training that enabled them to support people appropriately.

Staff continued to have supervisions and meetings with their manager throughout the year. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff told us they met regularly with their manager to receive support and guidance about their work and to discuss training and development needs. Staff we spoke with consistently said how they felt supported by the management team. One member of staff told us "We are a small home and all work closely together and always have someone to support us. We have meetings most weeks".

The premises were safe and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. The grounds were well maintained with clear pathways for those who used the gardens. Information for people around the service were also in a pictorial format to support with their understanding.

Good

Is the service caring?

Our findings

People and relatives felt staff were kind and caring. Comments from people included "They all care for me", "I like them all and they are kind" and "This is my home and we are all family and love each other". A relative told us "Staff are very caring, very good and attentive".

Staff were motivated to ensure that people received the high standards of care. Observations of staffs' interactions showed warm and positive interactions. People were happy in the presence of staff and willingly accepted support from staff who were only too happy to offer assistance when required. Staff knew people well and adapted their support to ensure that people were supported and cared for in a person-centred way. On arrival to the inspection we found people were finishing breakfast and preparing to go to the day centre. One person was preparing their lunch they were taking with them and a member of staff was supporting them engaging in a conversation on what they were doing for the day with laughter and smiles.

Peoples' differences continued to be respected and staff adapted their approach to meet peoples' needs and preferences. People were able to maintain their identity and could choose how they spent their time. Diversity was respected with regard to peoples' religion and both care plans and activity records for people, showed that people were able to maintain their religion if they wanted to. One person attended a local church weekly with support from a member of staff. We were able to look at all areas of the service, including being invited into people's own bedrooms. People were supported to live their life in the way they wanted and express their individual needs. One person told us "I go to church every week and help out".

People told us where possible they were involved in decisions that affected their lives. Observations and records confirmed where possible people were able to express their needs and preferences in their care, house meetings took place every Sunday for people to discuss the upcoming week. The registered manager also recognised that people might need additional support to be involved in their care; they had involved peoples' relatives when appropriate and explained that if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Peoples' privacy was respected and consistently maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. Observations of staff within the service showed that staff assisted people in a sensitive and discreet way. One member of staff told us "When assisting with personal care I will ensure they are happy for us to help them, keep doors closed and give them privacy when needed. It is important to knock on people's doors and not just enter". A relative told us "I think they are very good at maintaining privacy. From the outside, you get to meet other family members who may be happy to discuss personal details about their relatives but staff will never discuss those details with us, they are very discrete and always maintain privacy and dignity".

People were encouraged to be independent. Staff had a good understanding of the importance of promoting independence. People told us that they were able to go for walks with staff when they wanted or

into the garden. People told us that staff were there if they needed assistance but that they were encouraged and able to continue to do things for themselves, records and observations confirmed this. This included people plans to include helping out in the kitchen at meal times, cleaning and laundry to maintain life skills and promote independence.

Good

Is the service responsive?

Our findings

People and their relatives told us that staff remained responsive to their needs. One person told us "They help me and I help myself. We have fun and I am getting ready for the day centre which I like a lot". Another person said "I am happy here this is my home, we help each other". The person went on to point at member of staff and said "They are good and help me if I ask them".

Information for people and their relatives if required were created in a way to meet their needs in accessible formats to help them understand the care available to them. This included information and care plans in an easy read and pictorial format for people. People also used technology to assist with communication. For example one person used a computer tablet to keep in contact with relatives who lived abroad and this enabled them to video call their relatives regularly.

People continued to have a detailed assessment and care plan, these were comprehensive and person centred to help staff to meet people's needs and to understand their preferences. The staff focussed on people's individual needs and it was evident that a lot of time and effort had been taken to get to know people's likes and dislikes and how they liked things to be done. For example, one person's care plan stated that staff were to ensure that they spoke slowly and in shorter, easier sentences for the person to understand and give them time to answer.

People's care plans continued to cover areas such as their communication, health care, personal care, mobility and activities. Each person continued to have a key worker assigned to them. There was evidence that people had had been involved in their monthly reviews as much as possible and the care plans included pictures to assist with people's engagement and understanding. People who were important, such as members of their families, friends and advocates were invited to review meetings annually and we saw that people's wishes were at the centre of the review process. For example, a relative told us they were concerned their relative could not manage the stairs because of their disability, as a result they all decided it would be easier for them to use the downstairs faculties to make it easier for them. This resulted in the person to be more independent and move more freely without requiring assistance. A personalised weekly activity plan in a pictorial format had been created for each person. These included a variety of activities to do at the service or in the local community. This included shopping, cooking, and attending events in and out of the service. People's interests were encouraged and supported by staff. One person told us "I like going to watch wrestling, I like wrestling it's my favourite".

Daily notes were maintained for people and any changes to their routines recorded. These provided evidence that staff had supported people in line with their care plans and recorded any concerns. Staff completed a handover at the start of each shift, to discuss what was happening in the day with people and any changes to their needs or well-being.

People continued to be supported to access and maintain links with their local community. People confirmed that the activities offered were flexible and included both in-house and external events. People were also supported to increase their independent living skills based on their individual capabilities. One

person told us "I clean my own room and help out in the kitchen. I like to shop and see my friends".

People attended a day centre regularly and the service provided a range of stimulating activities for people this included pottery, choir practice, music classes with a range of musical instruments to select from, computing and candle making classes. Relatives told us they were invited to attend birthday celebrations and a yearly Christmas get together for friends and family. On the day of the inspection people were getting ready to attend the day centre and told us how they looked forward to this. One person told us "I can't remember what we are doing today but I have my lunch and i am ready to go, I like it".

People and relatives we spoke with remained aware how to make a complaint or concern and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people on display boards in a pictorial format and complaints and concerns made were recorded and addressed in line with the policy. The opportunity for people to raise issues and complaints was also included as a set item on the weekly house meeting agenda in order that issues could be raised and acted upon promptly. One relative told us "Any comments would arise at the review meeting and we will discuss changes but any general questions I will just ask the manager. Any complaints would be dealt with immediately".

Good

Is the service well-led?

Our findings

At the last inspection on 27 April 2015 we found not all aspects of the service were well led. Quality assurance systems were in place that helped ensure good standards were maintained. However these had not fully identified that records were not always comprehensive and were stored in ways that compromised confidentiality. At this inspection we saw the provider had taken action to improve records and confidentiality following our last inspection.

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication, health and safety, and infection control. The results of which were comprehensive and analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The registered manager also completed monthly audits for the provider and these were discussed at a monthly meeting on what actions needed to be taken as a result of the audits. Records were securely stored in the office and on a password protected computer.

People and relatives all told us that they were happy with the service provided and the way it was managed. One person pointed at the registered manager and told us "I can go to her if I need to ask anything, she helps me". Another person said "The manager is nice". Comments from relatives included "L'Arche is a Christian community service, the culture and communication is excellent, they seem like a friendly bunch", "The manager is very efficient" and "L'Arche are very cooperative and caring. I think they are like saints".

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People looked happy and relaxed. Staff said that they thought the culture of the service was one of a homely, relaxed and caring environment. When asked why the service was well led, one member of staff told us "I can go to my manager about any issue and is always helpful and supportive". Another member of staff said "We have a good knowledgeable manager who is very caring and committed".

The registered manager was committed to keeping up to date with best practice and updates in health and social care. They were also aware of our revised Key Lines of Enquiries that were introduced from the 1st November 2017. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The care manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

People's and relatives feedback was sought and used to improve people's care. Feedback came from regular meetings with people and their relatives and annual surveys for people and relatives. Comments were positive from a recent survey and any suggestions made were taken on board by the registered manger and acted on. Yearly reviews for people remained in place at which updates were discussed and amended in the care plan. One relative told us "we discussed a review on having a bath three times a week as I was concerned if my relative could get into the bath. In the end we opted for using the shower and using the walk in wet room as this would be easier for her".

The registered manager and staff work closely with health professionals such as the local GP's and health specialists when required. The registered manager told us they worked very closely with all professionals they were in contact with, to ensure people received the correct care and treatment required. They said "We have good rapport with health professionals, we use our local GP surgery and they will come and visit the service if we need them to. It works very well".